



MASA MEMBERSHIP FORM
www.masasmiths.org

Membership: one year: \$20

Please print:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____ Phone: (____) _____

E-mail: _____

Website (if you have one and would like it displayed on the MASA website)

Forging skill: Beginner Intermediate Professional

Smithing areas of interest _____

Make checks payable to MASA and mail to:

Patricia Harvey: MASA Treasurer

8341 Black Dog Alley

Easton, MD 21601-6329

Mid-Atlantic Smith Association (MASA) Liability Release Form

I, the undersigned, realizing the potential hazards involved in the craft of blacksmithing, will not hold the Artist-Blacksmith's Association of North America, Mid-Atlantic Smith Association, its officers, demonstrator(s), or host(s) responsible in the event of any accident or injury incurred during an association function or at any time during a sponsored MASA activity.

I am aware of the requirement to wear safety glasses during association demonstrations and of the possibility of hearing damage due to the nature of the craft. It will be my responsibility to inform any family member or guest that I may bring to a demonstration of potential dangers and advise them of all necessary precautions.

Signature: _____ Date: ____/____/____

***Signed liability waiver required for membership.**

***MASA requires a NEW signed liability waiver to be included with your renewal dues each year.**